

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 19-102277

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51		D				
2		1		1			52		D				
3		2					53		D				
4		D					54		D				
5		D					55		D				
6		D					56		D				
7		D					57		D				
8		D					58		D				
9		D					59		D				
10		D					60		D				
11		D					61		D				
12		D					62		D				
13		D					63		D				
14		D					64		D				
15		D					65		D				
16		D					66	1		1			
17		D					67						
18		D					68						
19		D					69						
20		D					70						
21		D					71						
22		D					72						
23		D					73						
24		D					74						
25		D					75						
26		D					76						
27		D					77						
28	1		1				78						
29		D					79						
30		D					80						
31		D					81						
32		D					82						
33		D					83						
34		D					84						
35		D					85						
36		D					86						
37		D					87						
38		D					88						
39		D					89						
40		D					90						
41		D					91						
42		D					92						
43		D					93						
44		D					94						
45		D					95						
46		D					96						
47		D					97						
48		D					98						
49		D					99						
50		D					100						
TOTAL IND.	1		3				TOTAL IND.						
TOTAL DEP.		1	1	1			TOTAL DEP.		1	1			
TOTAL CLAIMS	1	1	3	1			TOTAL CLAIMS		1	1			